

# Oral Medicine

- 1- Changes in joints of old age patients are
  - a. Decreased flexion of the joint due to increase number of muscle fibers
  - b. Increased calcium deposit
  - c. Decreased osteoarthritis
  - d. Increased water in cartilage
  - e. All the above
- 2- In old age patients, there will be
  - a. Increase in T lymphocytes
  - b. Increase in antibody production
  - c. Normal salivary secretion
  - d. Decrease in response to acute infections
  - e. Decreased taste threshold to sugar and salt
- 3- In old age patients, there will be decrease in
  - a. Infection potential on the mucosal surface
  - b. Potential recurrence of latent herpes zoster
  - c. Malignancy incidence
  - d. Immune system
  - e. None of the above
- 4- Lymph nodes are
  - a. Hard and tender in malignancy
  - b. Hard in lymphoma
  - c. Hard and non-tender in malignancy
  - d. Hard and non-tender in infection
  - e. None of the above
- 5- Generalized lymphadenopathy may occur in
  - a. Local malignancy
  - b. Coxsackievirus
  - c. Leukemia
  - d. herpetic gingivostomatitis
  - e. All the above

# Oral Medicine

6- Low hematocrit may be due to

- a. Dehydration
- b. Polycythemia vera
- c. Living in high altitudes
- d. Vit B 12 deficiency
- e. Kidney tumor

7- High hematocrit may be due to

- a. Anemia
- b. Thalassemia
- c. Lung disease
- d. Leukemia
- e. Chronic inflammatory disease

8- CBC is ordered when

- a. Bruising
- b. Spontaneous gingival bleeding
- c. Weakness
- d. Patient on chemotherapy
- e. All the above

9- Mean corpuscular volume (MCV) is

- a. The measurement of the average size of a single red blood cell
- b. The calculation of the average amount of hemoglobin inside a single red blood cell.
- c. The calculation of the average concentration of hemoglobin inside a single red blood cell.
- d. The measurement of the percentage of a person's total blood volume that consists of red blood cells
- e. None of the above

10- The considerations of taking biopsy are

- a. The specimen should not include area of normal tissue.
- b. Local anaesthesia injection should be near the lesion to prevent pain sensation
- c. Full clinical details should always be given documentary to the pathologist by the report
- d. The cutting diathermy is better than a scalpel
- e. All the above

# Oral Medicine

11- The best method for implantology, endodontics and orthodontics is

- a. Intraoral views
- b. Computed tomography
- c. Cone beam computed tomography
- d. Magnetic resonance imaging (MRI)
- e. Ultrasound

12- Trigeminal neuralgia is

- a. Mild recurrent shooting pain
- b. Unilateral facial pain
- c. Bilateral facial pain
- d. Paroxysmal pain occurs mainly during sleeping time
- e. Paroxysmal pain accompanied by spasm of the bilateral facial muscles

13- Causes of trigeminal neuralgia are

- a. Neurovascular compression of the trigeminal nerve root.
- b. Intracranial tumor
- c. Multiple sclerosis
- d. Idiopathic
- e. All the above

14- Carbamazepine (Tegretol)

- a. Is the first line treatment for neuralgia given 800-1200 mg/day at the beginning of treatment
- b. Has no side effects
- c. Synergistic effect obtained if combined with baclofen
- d. Dose not cause hypersensitivity reaction
- e. None of the above

15- The trigger zone in glossopharyngeal neuralgia is located at

- a. Upper canine area
- b. Lower mental area
- c. Anterior portion of tongue
- d. Posterior tongue and pharynx
- e. Ear and maxillary tuberosity

# Oral Medicine

## 16- Glossopharyngeal neuralgia

- a. In pharyngeal-GN pain may radiate to ear, nose, shoulders and maxilla
- b. In pharyngeal-GN pain is restricted to pharyngeal mucosa
- c. In tympanic- GN, pain restricted in the ear only
- d. Pain relief is obtained if topical anesthesia applied to soft palate
- e. Is caused by neurovascular compression of CN X

## 17- Pain of glossopharyngeal neuralgia is

- a. Always unilateral;
- b. Always bilateral
- c. Similar to TN and may last second – 2 minutes
- d. Characterized by spontaneous remissions occur in the majority of patients
- e. May induce tachycardia and syncope

## 18- Geniculate neuralgia (nervous intermedius)

- a. May result from herpes zoster infection
- b. May result from neurovascular compression to sensory branch of CN VII
- c. Disorders of lacrimation, salivation and/or taste sometimes accompany the pain
- d. May develop Ramsay Hunt syndrome if associated with facial paresis (weakness)
- e. All the above

## 19- Pain in geniculate neuralgia is

- a. Located in external auditory canal and soft palate
- b. Located in external auditory canal and anterior tongue
- c. Treated by short course 2-3 weeks low dose steroids
- d. Treated only by acyclovir 200mg 5 times daily for 10-14 days
- e. Patients who do not respond to these medications may undergo surgery to section the trigeminal ganglion

## 20- Post-herpetic neuralgia

- a. Is unilateral pain caused by reactivation of herpes simplex virus
- b. Is unilateral pain caused by reactivation of herpes zoster virus
- c. Intraoral vesicles accompany the involvement of ophthalmic branch of CN V
- d. Mainly affect maxillary and mandibular branches of CN V
- e. All the above

# Oral Medicine

21- Burning mouth syndrome

- a. Is unilateral burning pain
- b. Partial remission may occur after 1 year of onset
- c. Nutritional deficiencies do not result in BMS
- d. May result from reactivation of herpes zoster
- e. Best treated with alpha-lipoic acid (600 mg/d) and gabapentin (300 mg/d)

22- Cluster headache

- a. Is unilateral sever pain at the peri-auricular region
- b. Is bilateral sever pain around the eyes
- c. Episodic CH commonly occurs at least once a week at the same time of day or night
- d. Occurs around spring or winter
- e. Is accompanied with ipsilateral autonomic sign

23- Cluster headache

- a. is accompanied with unilateral phono- and photophobia
- b. is treated with oxygen inhalation. Subcutaneous sumatriptan
- c. is treated with verapamil
- d. is treated with corticosteroids
- e. all the above

24- Paroxysmal hemicranias is

- a. always unilateral, severe orbital, or periorbital pain
- b. primarily in the ophthalmic trigeminal distribution
- c. primarily in the maxillary trigeminal distribution
- d. accompanied with lacrimation, facial sweating and dilatation of pupil
- e. characterized by 1-2 attacks/24 h that last 2-30 minutes

25- classic migraine is

- a. preceded by scotoma
- b. sever bilateral headache
- c. pain may last one week if not treated
- d. treated by indomethacin
- e. none of the above

# Oral Medicine

26- atypical facial pain is

- a. intermittent severe pain
- b. characterized by trigger zone area
- c. constant dull pain
- d. treated by verapamil
- e. involves maxilla but not mandible

27- Cranial arteritis

- a. Affects mainly posterior auricular artery
- b. Affects mainly temporal artery
- c. Always ends with blindness
- d. Dose not affect masticatory muscles
- e. Affects mainly young people

28- Cranial arteritis is treated with

- a. Systemic steroids without tapering
- b. Steroids should be stopped once symptoms disappear
- c. Steroids should continue for 1-2 years after symptoms disappear
- d. Carbamazepine
- e. None of the above

29- Sinusitis

- a. Aching or throbbing pain involve several teeth
- b. Pain is experienced when patient turn his head down
- c. Accompanied with reduced sense of taste
- d. Percussion of teeth worsen the pain
- e. All the above

30- Orofacial pain is generated through

- a. Cranial nerves only
- b. Upper roots of C2 and C3 only
- c. Cranial nerves V, VII, IX and X only
- d. Cranial nerves V, VII, IX, X and upper roots of C2 and C3
- e. None of the above

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31- Extraoral examination of TMJ done by gentle pressure with finger tips

- a. 1.5 cm lateral to the tragus of the ear
- b. 1.5 cm superior to the tragus of the ear
- c. 2.5 cm lateral to the tragus of the ear
- d. 1,5 cm medial to the tragus of the ear

32- Enlarged (palpable) lymph nodes

- a. Always are tender
- b. If non- tender may be cancer
- c. If non-tender means inflammation
- d. None of the above

33- Vesicles are

- a. elevated blisters containing clear fluid that are greater than 1 cm in diameter
- b. Blisters containing pus
- c. Elevated blisters containing clear fluid that are less than 1 cm in diameter
- d. None of the above

34- Minor aphthous ulcers

- a. have irregular margin
- b. oval and well circumscribed
- c. heals within 2 weeks
- d. are more than 1 cm in diameter

35- Major aphthous ulcers

- a. May heal with scar
- b. Recur after 1-3 months
- c. Treated by prednisone 10-20 mg/day
- d. All the above



# Oral Medicine

36- Primary herpetic gingivostomatitis is Characterized by

- a. unilateral lymph nodes enlargement
- b. bilateral lymph nodes enlargement
- c. local gingivitis
- d. vesicles which appear at the first day of the disease

37- herpes zoster (shingle) is

- a. characterized by bilateral enlargement of lymph nodes
- b. characterized by unilateral enlargement of lymph nodes
- c. treated by Valacyclovir (1,000 mg three times a day) or famciclovir (500 mg three times a day) for 3 days
- d. none of the above

38- pemphigus vulgaris

- a. is self limited hypersensitivity disease
- b. is characterized by presence of target lesion
- c. is characterized by destruction of intercellular desmosomes and loss of cell to cell adhesion
- d. always skin lesions start before oral lesions

39-oral lichen planus

- a. is acute mucocutaneous disease
- b. is recurrent unilateral lesion affect mainly labial mucosa and tongue
- c. erosive type is characterized by Wickham's striae
- d. may be asymptomatic but erosive type is painful

40- discoid lupus erythromatosis is characterized by

- a. nikolsky sign
- b. peeling of oral mucosa
- c. butterfly pattern
- d. all the above

41- oral manifestations in Sjögren's syndrome are

- a. angular cheilitis
- b. painful and sensitive mucosa
- c. swelling of parotid gland
- d. all the above



# Oral Medicine

42-patient with Sjögren's syndrome may complain of

- a. high caries index
- b. gingivitis
- c. oral candidiasis
- d. all the above

43-oral candidiasis may be due to

- a. AIDS
- b. Steroid inhaler
- c. Broad spectrum antibiotic
- d. All the above

44- oral leukoplakia

- a. Homogenous type is more susceptible for malignant transformation than other types
- b. Non-homogenous type has cracked mud appearance
- c. Proliferative verrucous type has the highest potential of malignant transformation
- d. None of the above

45- filiform papillae of the tongue are

- a. Desquamated in hairy tongue
- b. Elongated in geographic tongue
- c. Desquamated in median rhomboid glossitis
- d. None of the above

46- malignant melanoma

- a. May be painful or asymptomatic
- b. It arises from melanocytes
- c. Has poor prognosis
- d. All the above

# Oral Medicine

47- pain of maxillary sinusitis is

- a. usually continuous
- b. always unilateral
- c. Radiating to TMJ
- d. None of the above

48- typical trigeminal neuralgia

- a. Is bilateral sudden, severe, electric- like pain
- b. Mainly has trigger zone area about 3 cm above corner of the mouth bilaterally
- c. results in disability to shave or wash the area, eat and talk
- d. all the above

49- Burning mouth syndrome may be due to

- a. xerostomia
- b. Emotional stress
- c. Nutritional deficiency
- d. All the above

50- continuous type of facial pain may occur in

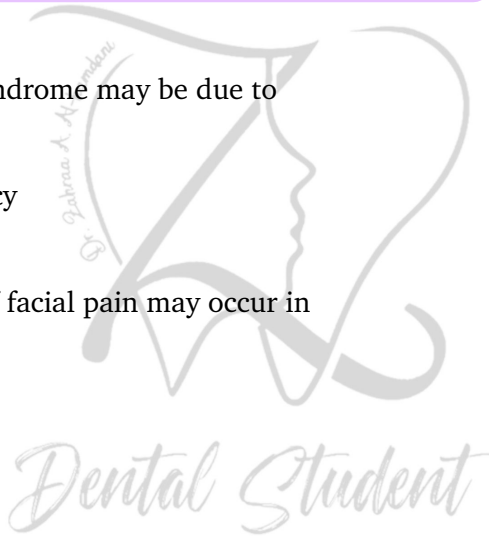
- a. Maxillary sinusitis
- b. Atypical facial pain
- c. Atypical odontalgia
- d. All the above

51- AIDS may lead to

- a. Hairy leukoplakia
- b. Acute ulcerative gingivostomatitis
- c. Kaposi sarcoma
- d. All the above

52- Verruca vulgaris

- a. Is mobile exophytic growth
- b. May be single or multiple
- c. affects mainly labial mucosa
- d. all the above



# Oral Medicine

53- herpangina is characterized by

- a. sudden fever
- b. dysphagia
- c. absence from lips, gingiva and floor of the mouth
- d. all the above

54- Sphenomandibular ligament

- a. Works in movement of the mandible
- b. Controls the border movement of mandible
- c. Joins between the temporal bone and mandible
- d. None of the above

55- Muscles of mandibular movements

- a. Medial pterygoid is closing muscle
- b. Geniohyoid is opening muscle
- c. Lateral pterygoid is opening muscle
- d. All the above

56- Condylar movement

- a. Rotation movement occurs at the beginning of opening and the beginning of lateral shift
- b. Translatory or sliding movement is the bodily movement of condyle
- c. During opening, the condyle moves anteriorly
- d. All the above

57- nociceptive trigeminal inhibition reflex

- a. is the action of trigeminal spinal tract nucleus which sends orders to opening muscles to stop contraction
- b. is the action of trigeminal spinal tract nucleus which sends orders to closing muscles to stop contraction
- c. occurs during sleep
- d. none of the above

# Oral Medicine

58- limitation of mandibular movements in TMD is due to

- a. pain in medial pterygoid muscle
- b. pain in temporalis
- c. pain in stylomandibular ligament
- d. pain in lateral pterygoid muscle

59- TMD may be caused by

- a. Bad habits
- b. Trauma to mandible
- c. Malocclusion
- d. All the above

60- Clenching and bruxism result in

- a. Occlusal wear
- b. Bite change
- c. Spreading and crowding of teeth
- d. All the above

61- In internal derangement, the articular disk is pulled anteriorly by

- a. Medial pterygoid
- b. Lateral pterygoid
- c. Masseter
- d. Geniohyoid

